

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 110
Registered No. 151

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village _____
City Miami No. 114 1/2 Met. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teodosia Gonzalez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Apr. 2 - 1929
Month _____ Day _____ Year _____

8. FATHER Full name Francisco Gonzalez 14. MOTHER Full maiden name Dolores Jiminez

9. Residence (Usual place of abode) Miami, Arizona 15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race Mex. 16. Color or race Mex. 17. Age at last birthday 25 (Years) 18. Age at last birthday 18 (Years)

12. Birthplace (city or place) Jalisco Mex. 18. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation Nature of industry Miner 19. Occupation Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was born alive at 11:56 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. Physician (Physician or midwife).

Given name added from _____ Address Miami, Arizona
supplemental report _____ Month, day, year _____
Registrar _____ Filled Apr 12 19 29 D. E. Dwyer Registrar

377-402-419

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.